
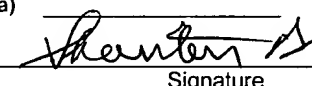


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|---|--|---------------------------------------|--|--|----|--|---|----|--|---|----|--------|--|----|--|--|----|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket No. (Optional) 263742000201 | | | | | | | | | | | | | | | | |
|  | In re Application of Bruce J. ROSER et al. | | | | | | | | | | | | | | | | | |
| | Application Number 09/836,625 | Filed April 16, 2001 | | | | | | | | | | | | | | | | |
| | For: METHODS OF PREVENTING AGGREGATION OF VARIOUS SUBSTANCES UPON REHYDRATION OR THAWING AND COMPOSITIONS OBTAINED THEREBY | | | | | | | | | | | | | | | | | |
| | Art Unit 1642 | Examiner M. Davis | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) (\$950 less \$110 paid on 3/16/04)</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">840.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 43,318</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p style="margin-top: 20px;"> <u>May 17, 2004</u> Date  Signature </p> <p style="margin-top: 10px;"> <u>(650) 813-5995</u> Telephone Number <u>Shantanu Basu</u> Typed or printed name </p> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</small></p> | | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) (\$950 less \$110 paid on 3/16/04) | \$ | 840.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) (\$950 less \$110 paid on 3/16/04) | \$ | 840.00 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted. | | | | | | | | | | | | | | | | | | |

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02 FC:1253330.00 DA
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